

**SUMMER FOOD SERVICE PROGRAM  
SITE CHANGE REQUEST**

**DATE:**

NAME OF SPONSOR:	AGREEMENT NUMBER:	VENDOR NUMBER
CONTACT PERSON:	PHONE NUMBER: (     )	FAX NUMBER: (     )

SITE #:	SITE NAME:		
EFFECTIVE DATE OF CHANGE:	AFFECTED MEAL:	NEW ADP:	
STARTING DATE CHANGE:	ENDING DATE CHANGE:	NEW TIME:	
*NEW DATE(S) SITE WILL BE OPEN:		*NEW DATE(S) SITE WILL BE CLOSED:	
BELOW IS FOR STATE OFFICIAL USE ONLY			
APPROVED CAP:	COMMENTS:		
State Agency (✓) for Approval →			

SITE #:	SITE NAME:		
EFFECTIVE DATE OF CHANGE:	AFFECTED MEAL:	NEW ADP:	
STARTING DATE CHANGE:	ENDING DATE CHANGE:	NEW TIME:	
*NEW DATE(S) SITE WILL BE OPEN:		*NEW DATE(S) SITE WILL BE CLOSED:	
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STARTING DATE CHANGE:	ENDING DATE CHANGE:	NEW TIME:	
*NEW DATE(S) SITE WILL BE OPEN:		*NEW DATE(S) SITE WILL BE CLOSED:	
BELOW IS FOR STATE OFFICIAL USE ONLY			
APPROVED CAP:	COMMENTS:		
State Agency (✓) for Approval →			

\*Not to be confused with the site's SFSP beginning or ending dates.

State Agency Approval	
Initial:	Date:

Fax to:  
California Department of Education  
Nutrition Services Division  
Resources and Information Management Unit  
(800) 333-5775

## **INSTRUCTIONS FOR COMPLETING THE SITE CHANGE REQUEST FORM**

You may use one Site Change Request form to report changes for three separate sites. **Read all responses you receive regarding the site change request.** Failure to respond appropriately may cause loss of reimbursement. Site changes are not approved retroactively.

**ADDING NEW SITES - Do not complete this form.** For each new site, complete and fax a Site Information Sheet to the Nutrition Services Division (NSD), Resources and Information Management (RIM) Unit.

**RETURNING SITES - Do not complete this form.** The blank Schedule A provided in the renewal packet is designed to collect all pertinent information for adding returning sites. Complete the Schedule A and fax it to the RIM Unit.

**FIELD TRIPS - Do not complete this form.** Complete and fax a Notification of Field Trips form to the NSD.

**SITE CHANGES ARE DUE PRIOR TO THE EFFECTIVE DATE -** Report site changes to the RIM Unit no later than the end of the business day prior to the effective date. No need to mail a hard copy of the change request. If we have any questions, we will call the telephone number you provided on this form.

**NO FAX MACHINE -** Sponsors that do not have access to a fax machine may call the RIM Unit to report changes at (916) 322-5836. Sponsors must follow-up with a written change request as soon as possible.

**RESPONSE TIME -** Wait 24 hours for a response.

**Sponsor information box (must be filled out completely):**

1. Name of sponsor: Enter sponsoring agency's name.
2. Agreement and vendor numbers: Enter the agreement and vendor numbers assigned to the sponsoring agency.
3. Contact person: Enter the name of the person authorized to make this change.
4. Telephone number: Enter the telephone number of the authorized contact person making the change. If we call regarding a change, the contact person must respond within 24 hours or the change will not be processed.
5. Fax number: Enter the Fax number this response will go to.

**Use one box per site and enter in the:**

1. First row - Enter site number and site name.
2. Second row - Enter the effective date of the change, the affected meal, and the new average daily participation (ADP).
3. Third row - Enter the new starting date and/or ending date.
4. Fourth row - Enter new date(s) site will be open or closed.
5. Fifth and Sixth rows - Wait 24 hours for a response. New CAP'S will be provided for ADP changes of "open" sites. **Read all comments and if applicable, respond immediately and appropriately.**
6. Seventh row - A check mark (✓) will be placed in the space provided for each request that is approved.
7. Eighth row - The approved Site Change Request form must be initialed and dated by a NSD representative.